

10/6/3788

~~MMR 13 inhabitants~~

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MMP-13 inhibitors

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FILE 'HOME' ENTERED AT 16:15:20 ON 12 APR 2006

FILE 'REGISTRY' ENTERED AT 16:15:32 ON 12 APR 2006
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STRUCTURE FILE UPDATES: 11 APR 2006 HIGHEST RN 880129-32-8
DICTIONARY FILE UPDATES: 11 APR 2006 HIGHEST RN 880129-32-8

New CAS Information Use Policies, enter HELP USAGETERMS for details.

TSCA INFORMATION NOW CURRENT THROUGH January 6, 2006

Please note that search-term pricing does apply when conducting SmartSELECT searches.

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*****
* The CA roles and document type information have been removed from
* the IDE default display format and the ED field has been added,
* effective March 20, 2005. A new display format, IDENTRL, is now
* available and contains the CA role and document type information.
*****
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Structure search iteration limits have been increased. See HELP SLIMITS for details.

REGISTRY includes numerically searchable data for experimental and predicted properties as well as tags indicating availability of experimental property data in the original document. For information on property searching in REGISTRY, refer to:

<http://www.cas.org/ONLINE/UG/regprops.html>

=> s (beclomethasone(w)dipropionate) or (alclomethasone(w)dipropionate) or
busedonide or (beclomethasone-17-monopropionate) or (clobetasol(w)propionate) or
(diflorasone(w)diacetate) or flunisolide or flurandrenolide or
(fluticasone(w)propionate) or (halobetasol(w)propionate) or halcinocide
 12 BECLOMETHASONE
 973 DIPROPIONATE
 4 BECLOMETHASONE (W) DIPROPIONATE
 0 ALCLOMETHASONE
 973 DIPROPIONATE
 0 ALCLOMETHASONE (W) DIPROPIONATE
 0 BUSEDONIDE

MMP-13 inhibitors

12 BECLOMETHASONE
551245 17
89 MONOPROPIONATE
1 BECLOMETHASONE-17-MONOPROPIONATE
(BECLOMETHASONE (W) 17 (W) MONOPROPIONATE)
5 CLOBETASOL
13038 PROPIONATE
2 CLOBETASOL (W) PROPIONATE
9 DIFLORASONE
73222 DIACETATE
1 DIFLORASONE (W) DIACETATE
9 FLUNISOLIDE
1 FLURANDRENOLIDE
7 FLUTICASONE
13038 PROPIONATE
3 FLUTICASONE (W) PROPIONATE
2 HALOBETASOL
13038 PROPIONATE
1 HALOBETASOL (W) PROPIONATE
0 HALCINOCIDE
L1 22 (BECLOMETHASONE (W) DIPROPIONATE) OR (ALCLOMETHASONE (W) DIPROPIONATE)
OR BUSEDONIDE OR (BECLOMETHASONE-17-MONOPROPIONATE) OR (CLOBETASOL (W) PROPIONATE)
OR (DIFLORASONE (W) DIACETATE) OR FLUNISOLIDE
OR FLURANDRENOLIDE OR (FLUTICASONE (W) PROPIONATE) OR (HALOBETASOL (W) PROPIONATE)
OR HALCINOCIDE
=> s (mometasone (w) furoate) or (triamicinalone (w) acetonide)
5 MOMETASONE
1082 FUROATE
3 MOMETASONE (W) FUROATE
0 TRIAMCINALONE
451 ACETONIDE
0 TRIAMCINALONE (W) ACETONIDE
L2 3 (MOMETASONE (W) FUROATE) OR (TRIAMCINALONE (W) ACETONIDE)

=> sel L1
E1 THROUGH E187 ASSIGNED

=> sel L2
E188 THROUGH E199 ASSIGNED

=> file caplus medline
COST IN U.S. DOLLARS SINCE FILE TOTAL
ENTRY SESSION
FULL ESTIMATED COST 121.25 121.46

FILE 'CAPLUS' ENTERED AT 16:20:04 ON 12 APR 2006
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FILE 'MEDLINE' ENTERED AT 16:20:04 ON 12 APR 2006

=> s E1-E199
1 FILES SEARCHED...
L3 6923 ("ADVAIR DISKUS"/BI OR ADVAIR/BI OR AEROBEC/BI OR "AEROBID M"/BI
OR AEROBID/BI OR "ALDECIN AQ NASAL"/BI OR ALDECIN/BI OR "ALONDRA F"/BI
OR ANCERON/BI OR ANDION/BI OR "ATEMUR MITE"/BI OR BECLACIN/BI
OR BECLATE/BI OR "BECLAZONE 250"/BI OR "BECLAZONE 50"/BI OR
BECLAZONE/BI OR BECLOMET/BI OR "BECLOMETASONE DIPROPIONATE"/BI
OR "BECLOMETASONE 17,21-DIPROPIONATE"/BI OR "BECLOMETHASONE DIPROPIONATE COMPD. WITH ETHANOL (1:2)"/BI OR "BECLOMETHASONE DIPROPIO

MMP-13 inhibitors

NATE ETHYLACETATE SOLVATE"/BI OR "BECLOMETHASONE DIPROPIONATE MONOHYDRATE"/BI OR "BECLOMETHASONE DIPROPIONATE"/BI OR "BECLOMETH ASONE 17A,21-DIPROPIONATE"/BI OR "BECLOMETHASONE 17-MONOPRO PIONATE"/BI OR "BECLOMETHASONE 17-PROPIONATE"/BI OR "BECLOMETHASO NE 17,21-DIPROPIONATE"/BI OR "BECLOTIDE 100"/BI OR BECLOTIDE/BI OR BECLOVAL/BI OR "BECLOVENT INHALER"/BI OR BECLOVENT/BI OR BECOD ISKS/BI OR "BECONASE AQ"/BI OR BECONASE/BI OR BECOTIDE/BI OR BELCHLORHINOL/BI OR BELCOFORTE/BI OR BELCOMET/BI OR "BMY 30056"/B I OR BRONALIDE/BI OR "CCI

=> s L3 and (GVHD or HVGD or transplant or (graft(w)versus(w)host) or (host(w)versus(w)graft))

L4 54 L3 AND (GVHD OR HVGD OR TRANSPLANT OR (GRAFT(W) VERSUS (W) HOST) OR (HOST(W) VERSUS (W) GRAFT))

=> s L4 and py<2001

L5 12 L4 AND PY<2001

=> d L5 1-12 ti

L5 ANSWER 1 OF 12 CAPLUS COPYRIGHT 2006 ACS on STN

TI Bronchoalveolar lavage cellular profiles in lung transplantation: the effect of inhaled corticosteroids

L5 ANSWER 2 OF 12 CAPLUS COPYRIGHT 2006 ACS on STN

TI Method using oral administration of a topically active corticosteroid for preventing tissue damage associated with **graft-versus-host** or **host-versus-graft** disease following transplantation

L5 ANSWER 3 OF 12 CAPLUS COPYRIGHT 2006 ACS on STN

TI Method and means for treating glomerulonephritis using glucocorticoids having a first pass metabolism in the liver

L5 ANSWER 4 OF 12 CAPLUS COPYRIGHT 2006 ACS on STN

TI Methods and compositions for modulating responsiveness to corticosteroids

L5 ANSWER 5 OF 12 CAPLUS COPYRIGHT 2006 ACS on STN

TI Oral **beclomethasone dipropionate** for treatment of intestinal **graft-versus-host** disease: a randomized, controlled trial

L5 ANSWER 6 OF 12 CAPLUS COPYRIGHT 2006 ACS on STN

TI Methods and compositions using thalidomide or other angiogenesis-inhibitory compound and anti-inflammatory agent for inhibition of angiogenesis

L5 ANSWER 7 OF 12 CAPLUS COPYRIGHT 2006 ACS on STN

TI Oral **beclomethasone dipropionate** for treatment of human intestinal **graft-versus-host** disease

L5 ANSWER 8 OF 12 CAPLUS COPYRIGHT 2006 ACS on STN

TI Steroid derivatives as inhibitors of **transplant-rejection**

L5 ANSWER 9 OF 12 MEDLINE on STN

TI Bronchoalveolar lavage cellular profiles in lung transplantation: the effect of inhaled corticosteroids.

L5 ANSWER 10 OF 12 MEDLINE on STN

TI Oral **beclomethasone dipropionate** for treatment of intestinal **graft-versus-host** disease: a randomized, controlled trial.

MMP-13 inhibitors

L5 ANSWER 11 OF 12 MEDLINE on STN
TI A case report of a double-blind, randomized trial of inhaled steroids in a patient with lung **transplant bronchiolitis obliterans**.

L5 ANSWER 12 OF 12 MEDLINE on STN
TI Oral **beclomethasone dipropionate** for treatment of human intestinal **graft-versus-host** disease.

=> dup rem L5

PROCESSING COMPLETED FOR L5

L6 9 DUP REM L5 (3 DUPLICATES REMOVED)

=> d L6 1-9 ti

L6 ANSWER 1 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN
TI Method using oral administration of a topically active corticosteroid for preventing tissue damage associated with **graft-versus-host or host-versus-graft** disease following transplantation

L6 ANSWER 2 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 1
TI Bronchoalveolar lavage cellular profiles in lung transplantation: the effect of inhaled corticosteroids

L6 ANSWER 3 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN
TI Method and means for treating glomerulonephritis using glucocorticoids having a first pass metabolism in the liver

L6 ANSWER 4 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN
TI Methods and compositions for modulating responsiveness to corticosteroids

L6 ANSWER 5 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN
TI Methods and compositions using thalidomide or other angiogenesis-inhibitory compound and anti-inflammatory agent for inhibition of angiogenesis

L6 ANSWER 6 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 2
TI Oral **beclomethasone dipropionate** for treatment of intestinal **graft-versus-host** disease: a randomized, controlled trial

L6 ANSWER 7 OF 9 MEDLINE on STN
TI A case report of a double-blind, randomized trial of inhaled steroids in a patient with lung **transplant bronchiolitis obliterans**.

L6 ANSWER 8 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 3
TI Oral **beclomethasone dipropionate** for treatment of human intestinal **graft-versus-host** disease

L6 ANSWER 9 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN
TI Steroid derivatives as inhibitors of **transplant-rejection**

=> d L6 1-9 ti abs bib

L6 ANSWER 1 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN
TI Method using oral administration of a topically active corticosteroid for preventing tissue damage associated with **graft-versus-host or host-versus-graft** disease following transplantation

MMP-13 inhibitors

AB A method is provided for preventing tissue damage associated with graft-vs.-host disease in a patient having undergone hematopoietic cell transplantation, and host-vs.-graft disease in a patient having undergone organ allograft transplantation. The method includes orally administering to the patient a prophylactically effective amount of a topically active corticosteroid, such as **beclomethasone dipropionate**, for a period of time following hematopoietic cell or organ allograft transplantation, and prior to the presentation of symptoms associated with graft-vs.-host disease or host-vs.-graft disease. Representative tissues includes tissue of the intestine and liver, while representative tissue damage includes inflammation thereof.

AN 2000:531659 CAPLUS

DN 133:115533

TI Method using oral administration of a topically active corticosteroid for preventing tissue damage associated with **graft-versus-host** or **host-versus-graft** disease following transplantation

IN McDonald, George B.

PA Institute for Drug Research, Inc., USA

SO U.S., 5 pp., Cont.-in-part of U.S. Ser. No. 103,762.

CODEN: USXXAM

DT Patent

LA English

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 6096731	A	20000801	US 1998-151388	19980910 <--
	CA 2413883	AA	20011129	CA 2000-2413883	20000522
	WO 2001089529	A1	20011129	WO 2000-US14064	20000522
	W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
PRAI	US 1998-103762	A2	19980624		
	US 1998-151388	A	19980910		
	WO 2000-US14064	W	20000522		

RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 2 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 1

TI Bronchoalveolar lavage cellular profiles in lung transplantation: the effect of inhaled corticosteroids

AB Bronchiolitis Obliterans Syndrome (BOS) remains a major cause of long term morbidity and mortality in lung transplantation, and occurs despite significant immunosuppression. Airway inflammation is thought to precede the development of BOS. Objectives: To examine the effect of inhaled corticosteroids on airway inflammation and the development of BOS in lung transplant recipients. Methods: 30 patients were recruited and randomized in a double blind fashion to receive either 750 µg Fluticasone propionate (FP) twice daily or an identical appearing placebo for 3 mo. BAL cell counts and differentials were performed at time 0 and after 3 mo treatment. Lung function was assessed at each time point using spirometry. Results: 24 patients were felt to be stable and free from infection at both time points and thus included in the anal. There was a significant reduction in total cell count in BAL fluid after treatment with 3 mo FP compared to 3 mo placebo, however no change in cell differentials nor lung function was found. Discussion: Despite a

MMP-13 inhibitors

reduction in total cell nos. in BAL fluid, lung function was not altered over the 3 mo of treatment. It may be that longer treatment is required to see an effect.

AN 2001:41613 CAPLUS

DN 135:117296

TI Bronchoalveolar lavage cellular profiles in lung transplantation: the effect of inhaled corticosteroids

AU Whitford, Helen; Orsida, Bernadette; Kotsimbos, Tom; Pais, Michael; Ward, Chris; Zheng, Ling; Williams, Trevor; Walters, E. Haydn; Snell, Greg

CS Department of Respiratory Medicine, The Alfred Hospital and Monash Medical School, Prahran, Australia

SO Annals of Transplantation (2000), 5(3), 31-37

CODEN: ANTRF6; ISSN: 1425-9524

PB PRESSMED

DT Journal

LA English

RE.CNT 38 THERE ARE 38 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 3 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN

TI Method and means for treating glomerulonephritis using glucocorticoids having a first pass metabolism in the liver

AB The invention provides the use of a glucocorticoid having a first pass metabolism in the liver of at least 90 % as active substance, for the manufacturing

of a medicament for oral or rectal administration in the treatment of glomerulonephritis by releasing the active substance in the intestine. The invention also provides a method for treatment of glomerulonephritis in a native kidney or a kidney transplant with the glucocorticoid as defined above. The invention also comprises a composition comprising the active substance and a pharmaceutically acceptable carrier, adjuvant or diluent designed for oral or rectal administration.

AN 1999:613669 CAPLUS

DN 131:223969

TI Method and means for treating glomerulonephritis using glucocorticoids having a first pass metabolism in the liver

IN Hallgren, Roger; Fellstrom, Bengt

PA Pharmalink Baslakemedel AB, Swed.

SO PCT Int. Appl., 21 pp.

CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9947144	A1	19990923	WO 1999-SE406	19990316 <--
	W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
SE	9800905	A	19990918	SE 1998-905	19980317 <--
SE	514128	C2	20010108		
US	6239120	B1	20010529	US 1999-266023	19990311
CA	2317796	AA	19990923	CA 1999-2317796	19990316 <--
AU	9929686	A1	19991011	AU 1999-29686	19990316 <--
AU	749199	B2	20020620		
EP	1056461	A1	20001206	EP 1999-910932	19990316 <--

MMP-13 inhibitors

EP 1056461	B1	20020918		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				
BR 9908838	A	20001212	BR 1999-8838	19990316 <--
JP 2002506824	T2	20020305	JP 2000-536384	19990316
AT 224195	E	20021015	AT 1999-910932	19990316
ES 2181407	T3	20030216	ES 1999-910932	19990316
PRAI SE 1998-905	A	19980317		
US 1998-80274P	P	19980401		
WO 1999-SE406	W	19990316		

RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 4 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN
 TI Methods and compositions for modulating responsiveness to corticosteroids
 AB Method for modulating responsiveness to corticosteroids in a subject are provided. In the method of the invention, an agent which antagonizes a target that regulates production of IFN- γ in the subject is administered to the subject in combination with a corticosteroid such that responsiveness of the subject to the corticosteroid is modulated as compared to when the corticosteroid is given alone. The method can be used to, for example, reverse steroid resistance of to increase steroid sensitivity, or to ameliorate the steroid rebound effect when subjects are taken off corticosteroid treatment. In one embodiment, the agent is an IL-18 antagonist. In another embodiment, the agent is an interleukin-12 (IL-12) antagonist. In yet another embodiment, the agent is an NK cell antagonist. In a preferred embodiment, the agent is an inhibitor of a caspase family protease, preferably an ICE inhibitor. In another preferred embodiment, the agent is an anti-IL-12 monoclonal antibody. In yet another preferred embodiment, the agent is an anti-asialo-GM1 antibody or an NK1.1 antibody. Other preferred agents include phosphodiesterase IV inhibitors and beta-2 agonists. The methods of the invention can be used in the treatment of a variety of inflammatory and immunol. diseases and disorders. Pharmaceutical compns. comprising an agent which antagonizes a target that regulates production of IFN- γ in a subject, a corticosteroid and a pharmaceutically acceptable carrier are also provided. A preferred composition comprises an ICE inhibitor, a corticosteroid and a pharmaceutically acceptable carrier.

AN 1998:640257 CAPLUS

DN 129:255530

TI Methods and compositions for modulating responsiveness to corticosteroids

IN Sekut, Les; Carter, Adam; Chayur, Tariq; Banerjee, Subhashis; Tracey, Daniel E.

PA Basf A.-G., Germany

SO PCT Int. Appl., 112 pp.

CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
	-----	-----	-----	-----	-----
PI	WO 9841232	A2	19980924	WO 1998-US4916	19980312 <--
	WO 9841232	A3	20001005		
	W:	AL, AM, AT, AU, AZ, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, GW, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, US			
	RW:	GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG			
	US 6054487	A	20000425	US 1997-820692	19970318 <--
	CA 2282845	AA	19980924	CA 1998-2282845	19980312 <--

MMP-13 inhibitors

AU 9867604	A1	19981012	AU 1998-67604	19980312 <--
AU 734756	B2	20010621		
TR 9902615	T2	20000321	TR 1999-9902615	19980312 <--
EP 998300	A1	20000510	EP 1998-912929	19980312 <--
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, PT, IE, FI				
BR 9810409	A	20000822	BR 1998-10409	19980312 <--
JP 2002504091	T2	20020205	JP 1998-540633	19980312
NZ 337769	A	20020927	NZ 1998-337769	19980312
NO 9904506	A	19991117	NO 1999-4506	19990917 <--
PRAI US 1997-820692	A2	19970318		
US 1998-16346	A2	19980130		
WO 1998-US4916	W	19980312		

L6 ANSWER 5 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN

TI Methods and compositions using thalidomide or other angiogenesis-inhibitory compound and anti-inflammatory agent for inhibition of angiogenesis

AB A group of compds. that effectively inhibit angiogenesis is provided. More specifically, thalidomide and various related compds., e.g. thalidomide precursors, analogs, metabolites and hydrolysis products, have been shown to inhibit angiogenesis and to treat disease states resulting from angiogenesis. Addnl., antiinflammatory drugs, such as steroids and NSAIDs can inhibit angiogenesis-dependent diseases either alone or in combination with thalidomide and related compds. Importantly, these compds. can be administered orally.

AN 1998:341491 CAPLUS

DN 129:12742

TI Methods and compositions using thalidomide or other angiogenesis-inhibitory compound and anti-inflammatory agent for inhibition of angiogenesis

IN D'Amato, Robert J.

PA Children's Medical Center, USA

SO PCT Int. Appl., 63 pp.

CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
-----	-----	-----	-----	-----
PI WO 9819649	A2	19980514	WO 1997-US20116	19971104 <--
WO 9819649	A3	19980625		
W: AL, AM, AT, AU, AZ, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW				
RW: GH, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
CA 2270887	AA	19980514	CA 1997-2270887	19971104 <--
CA 2270887	C	20060321		
CA 2514681	AA	19980514	CA 1997-2514681	19971104 <--
AU 9851973	A1	19980529	AU 1998-51973	19971104 <--
AU 746713	B2	20020502		
EP 963200	A2	19991215	EP 1997-946884	19971104 <--
EP 963200	B1	20050928		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				
NZ 336035	A	20020328	NZ 1997-336035	19971104
JP 2002513391	T2	20020508	JP 1998-521728	19971104
AT 305301	E	20051015	AT 1997-946884	19971104
EP 1586322	A2	20051019	EP 2005-14759	19971104

MMP-13 inhibitors

EP 1586322	A3	20051026		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, AL				
AU 780296	B2	20050317	AU 2002-23191	20020308
US 2003191098	A1	20031009	US 2003-340554	20030110
US 2004248820	A1	20041209	US 2003-430892	20030505
PRAI US 1996-28708P	P	19961105		
US 1997-963058	A	19971103		
AU 1998-51973	A3	19971104		
CA 1997-2270887	A3	19971104		
EP 1997-946884	A3	19971104		
WO 1997-US20116	W	19971104		
US 1999-287377	A1	19990407		
US 2000-480448	B1	20000110		
OS MARPAT 129:12742				

L6 ANSWER 6 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 2

TI Oral beclomethasone dipropionate for treatment of
intestinal graft-versus-host disease: a
randomized, controlled trial

AB Beclomethasone dipropionate (BDP), a topically active steroid, seemed to be an effective treatment for intestinal graft-vs.-host disease (GVHD) in a phase I study. The aim of this study was to compare the effectiveness of oral BDP to that of placebo capsules in treatment of intestinal GVHD. Sixty patients with anorexia and poor oral intake because of intestinal GVHD were randomized to receive prednisone (1 mg · kg⁻¹ · day⁻¹) plus either oral BDP (8 mg/day) or placebo capsules. Initial responders who were eating at least 70% of caloric needs at evaluation on day 10 continued to take study capsules for an addnl. 20 days while the prednisone dose was rapidly tapered. The primary end point was the frequency of a durable treatment response at day 30 of treatment. The initial treatment response at day 10 was 22 of 31 (71%) in the BDP/prednisone group vs. 16 of 29 (55%) for the placebo/prednisone group. The durable treatment response at day 30 was 22 of 31 (71%) vs. 12 of 29 (41%), resp. (P = 0.02). The combination of oral BDP capsules and prednisone was more effective than prednisone alone in treating intestinal GVHD. Oral BDP allowed prednisone doses to be rapidly tapered without recurrent intestinal symptoms.

AN 1998:450133 CAPLUS

DN 129:198161

TI Oral beclomethasone dipropionate for treatment of
intestinal graft-versus-host disease: a
randomized, controlled trial

AU McDonald, George B.; Bouvier, Michelle; Hockenberry, David M.; Stern, Jean M.; Gooley, Ted; Farrand, Allen; Murakami, Carol; Levine, Douglas S.

CS Gastroenterology/Hepatology, Clinical Statistics, and Clinical Nutrition Sections, Division of Clinical Research, Fred Hutchinson Cancer Research Center and University of Washington School of Medicine, Seattle, WA, USA

SO Gastroenterology (1998), 115(1), 28-35

CODEN: GASTAB; ISSN: 0016-5085

PB W. B. Saunders Co.

DT Journal

LA English

RE.CNT 45 THERE ARE 45 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 7 OF 9 MEDLINE on STN

TI A case report of a double-blind, randomized trial of inhaled steroids in a patient with lung transplant bronchiolitis obliterans.

AB Lung transplant bronchiolitis obliterans syndrome (BOS) is the most significant long-term cause of morbidity and mortality after lung transplantation. Although augmented immunosuppression is used by most

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centers, reported on treatment to reverse BOS are largely anecdotal. We performed a double-blind, randomized, controlled trial (RCT) with ten treatment pairs of 2 weeks duration each comparing inhaled fluticasone propionate (2 x 1,000 micrograms/day) with placebo in a patient with BOS grade 2 who previously showed an improvement in lung function after inhaled steroids. The Baseline Dyspnea Index and the Modified Medical Research Council Dyspnea Scale showed a significant improvement during fluticasone treatment compared with the placebo period (2.7 +/- 0.2 vs. 2.0 +/- 0.3; p = 0.043; and 1.7 +/- 0.2 vs. 2.4 +/- 0.2; p = 0.043). The patient correctly identified fluticasone and placebo, respectively, in eight of ten trial pairs (p = 0.016). The values of forced expiratory volume in 1 s were significantly higher during the fluticasone period (1,207 +/- 10 ml; 95% confidence interval, CI, 1,187-1,227 ml) compared to the placebo period (1,150 +/- 6 ml; 95% CI 1,138-1,162 ml; p = 0.0012). In conclusion, this n-of-1 RCT suggests the efficacy of high-dose inhaled fluticasone in our patient with lung transplant BOS. We propose to conduct a multicenter RCT of high-dose inhaled steroids. Until further data are available, this treatment modality should be offered to patients with lung transplant BOS.

AN 97457113 MEDLINE
DN PubMed ID: 9311056
TI A case report of a double-blind, randomized trial of inhaled steroids in a patient with lung transplant bronchiolitis obliterans.
AU Speich R; Boehler A; Russi E W; Weder W
CS Department of Internal Medicine, University Hospital, Zurich, Switzerland.
SO Respiration; international review of thoracic diseases, (1997)
Vol. 64, No. 5, pp. 375-80.
Journal code: 0137356. ISSN: 0025-7931.
CY Switzerland
DT (CASE REPORTS)
(CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199711
ED Entered STN: 19971224
Last Updated on STN: 20020420
Entered Medline: 19971113

L6 ANSWER 8 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 3
TI Oral beclomethasone dipropionate for treatment of
human intestinal graft-versus-host disease
AB Oral beclomethasone dipropionate (BDP), a potent,
topically active corticosteroid, was investigated as therapy for the title
disease. Allogeneic marrow-graft recipients with biopsy-proven intestinal
graft-vs.-host disease of mild-to-moderate severity received BDP (8 mg
daily) for <=28 days. Improvement was seen in appetite, oral food
intake, nausea, and diarrhea over the course of therapy, and an overall
beneficial response was observed in 72% of 40 evaluable patients.
Surveillance cultures of throat and stools showed no increase in bacterial
or fungal colonization over time. The adrenal axis became suppressed in
11 of 20 evaluable patients (55%) but suppression was not a prerequisite
for clin. response, as 6 of 9 patients who retained normal adrenal
function improved clin. It is concluded that oral BDP is a safe and
effective treatment for mild-to-moderate intestinal graft-vs.-host
disease. Systemic absorption probably occurs, but adrenal suppression is
not a prerequisite for clin. efficacy, suggesting that the biol. effect is
primarily topical.
AN 1996:49517 CAPLUS
DN 124:165529

MMP-13 inhibitors

TI Oral beclomethasone dipropionate for treatment of
human intestinal graft-versus-host disease
AU Baehr, Paul H.; Levine, Douglas S.; Bouvier, Michelle E.; Hockenberry,
David M.; Gooley, Ted A.; Stern, Jean G.; Martin, Paul J.; McDonald,
George B.
CS Clinical Research Division of the Fred Hutchinson Cancer Research Center,
University of Washington, Seattle, WA, USA
SO Transplantation (1995), 60(11), 1231-8
CODEN: TRPLAU; ISSN: 0041-1337
PB Williams & Wilkins
DT Journal
LA English

L6 ANSWER 9 OF 9 CAPLUS COPYRIGHT 2006 ACS on STN

TI Steroid derivatives as inhibitors of transplant-rejection
AB An inhibitor of transplant rejection contains a fat emulsion of
steroid having immunosuppressive activity. An emulsion was prepared
consisting of soybean oil 100.0, egg yolk phospholipids 24.0,
dexamethasone palmitate 20.0, Na oleate 0.5, and phosphatidic acids 0.5g
and 1L of H₂O. Then, 5.0g glycerin was added, and the suspension was
homogenized. The average diameter of particles in the emulsion was 0.2-0.4
μm. The efficacy of the drug for heart transplantation in rats was
demonstrated.

AN 1988:556271 CAPLUS

DN 109:156271

TI Steroid derivatives as inhibitors of transplant-rejection

IN Nakajima, Tsunetaka; Watanabe, Masahiro; Yokoyama, Kazumasa

PA Green Cross Corp., Japan

SO Jpn. Kokai Tokkyo Koho, 7 pp.

CODEN: JKXXAF

DT Patent

LA Japanese

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	JP 62294617	A2	19871222	JP 1986-138120	19860616 <--
	JP 07094395	B4	19951011		
PRAI	JP 1986-138120		19860616		

=> s corticosteriod and (GVHD or HVGD or transplant or (graft(w)versus(w)host) or
(host(w)versus(w)graft))

L7 2 CORTICOSTERIOD AND (GVHD OR HVGD OR TRANSPLANT OR (GRAFT(W)
VERSUS(W) HOST) OR (HOST(W) VERSUS(W) GRAFT))

=> s L7 not L6

L8 2 L7 NOT L6

=> d L8 1-2 ti abs bib

L8 ANSWER 1 OF 2 MEDLINE on STN

TI Acute disseminated encephalomyelitis after para-influenza infection post
bone marrow transplantation.

AB Acute disseminated encephalomyelitis (ADEM) is a parainfectious or
postvaccination demyelinating condition, characterized by rapid onset of
multifocal neurological deficits, usually occurring in childhood or
adolescence. We report case of ADEM in an allogeneic bone marrow
transplant recipient, who presented with rapid onset of paraplegia
and widespread neurological deficits 6 weeks after parainfluenza
pneumonia. Magnetic resonance imaging (MRI) showed typical features of
ADEM, involving the subcortical white matter, brain stem and spinal cord.
There was a rapid and complete response to pulse high-dose

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corticosteroid and intravenous immunoglobulin. The importance of recognition and early treatment of this rare condition in transplantation practice is emphasized.

AN 2002258655 MEDLINE
DN PubMed ID: 11999589
TI Acute disseminated encephalomyelitis after para-influenza infection post bone marrow transplantation.
AU Au Wing Y; Lie Albert K W; Cheung Raymond T F; Cheng P W; Ooi Clara G C; Yujenc Kwok-Yung; Kwong Yok-Lam
CS University Department of Medicine, Queen Mary Hospital, Hong Kong, People's Republic of China.. auwing@hotmail.com
SO Leukemia & lymphoma, (2002 Feb) Vol. 43, No. 2, pp. 455-7.
Journal code: 9007422. ISSN: 1042-8194.
CY Switzerland
DT (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200307
ED Entered STN: 20020510
Last Updated on STN: 20021211
Entered Medline: 20030711

L8 ANSWER 2 OF 2 MEDLINE on STN
TI Maintenance immunosuppression.
AB 1. The increased utilization of Neoral, Tacrolimus and mycophenolate mofetil correlated with the dramatic decrease in rejection rates in the 1990s. 2. The 4% difference in the incidence of rejection noted for recipients treated with Tacrolimus (20%) compared with Neoral (16%) corresponded to a 34% increased odds ratio in the multivariate analysis. The risk of graft loss and patient death were similar for the 2 calcineurin inhibitors. 3. Almost every renal transplant recipient received mycophenolate mofetil in 1999. This agent reduced the risk of 3-year graft loss by 60% and halved the risk of death compared with azathioprine. 4. Use of solumedrol as a corticosteroid increased from 26-67% in the 1990s, but this change in practice did not significantly impact outcome. 5. Although recipients given induction ATG or OKT3 had increased risk of graft failure, these recipients more likely were sensitized or required early dialysis. 6. The risk of rejection was 90% higher for recipients with 5-6 HLA mismatches than those with 0 A,B,DR mismatches. Recipients with a poorly HLA-matched kidney had 50% increased risk of graft loss within 3 years compared with HLA-matched transplants.
AN 2001467991 MEDLINE
DN PubMed ID: 11512360
TI Maintenance immunosuppression.
AU Takemoto S K
SO Clinical transplants, (2000) pp. 481-95.
Journal code: 8812419. ISSN: 0890-9016.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200109
ED Entered STN: 20010830
Last Updated on STN: 20011001
Entered Medline: 20010927